

Image of the Month

Roel E. Genders, MD; Bert A. Bonsing, MD; Aart van der Molen, MD; Sjan Lavrijsen, MD

A 60-YEAR-OLD MAN PRESENTED TO THE DEPARTMENT of Dermatology with an 8-month history of recurrent infections of the umbilicus. The umbilicus was intermittently treated by the general practitioner with a topical antibiotic and an antiseptic. There was no reaction to therapy, and the patient's umbilicus had slowly grown larger. The patient disclosed that he also had complained of mild bowel problems since the preceding year and that these problems were referred to as *irritable bowel syndrome*. There was no history of trauma, former bowel disorders, or malignant neoplasms. He also denied a family history of similar diseases. Results of a physical examination revealed a firm red and blue, multinodular tumor of 2 cm that protruded through the umbilicus (**Figure 1**). The deeper parts were covered with slough and yellow debris. Around the umbilicus, at the upper right quadrant, a 3- to 4-cm induration of the skin of the abdominal wall was palpated. Physical examination of the abdomen revealed no abnormalities. A skin biopsy specimen was taken from



Figure 1. A red and blue, multinodular tumor of the umbilicus.

the central part of the umbilical tumor. Routine hematological and biochemical blood test results were normal.

What Is the Diagnosis?

- A. Crohn disease
- B. Impetigo of the umbilicus
- C. Sister Mary Joseph nodule
- D. Primary umbilical adenocarcinoma

Author Affiliations: Departments of Dermatology (Dr Genders and Lavrijsen), Surgery (Dr Bonsing), and Radiology (Dr van der Molen), Leiden University Medical Center, Leiden, the Netherlands.